1624167

PATENT APPLICATION FEE DETERMINATION RECORD

Application	\circ r	Docket	Number
Application	Oi	DOCKEL	Number

Effective October 1, 2001										١		
		CLAIMS AS	S FILED - (Column		(Colu	mn 2)	SMALI TYPE	EN	ITITY	OR	OTHER SMALL I	
TOTAL CLAIMS				-		RAT	Ε	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS min			us 20=	*	· · · · ·	X\$ 9)=		OR	X\$18=	1	
INDEPENDENT CLAIMS minus 3 =			*		X42				X84=	V772X		
MULTIPLE DEPENDENT CLAIM PRESENT										OR		
* If the difference in column 1 is less than zero, enter "0" in column 2						+140			OR	+280=		
							TOTA	۱L		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMA	LL E	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	39.56	HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
AME.	Independent	*	Minus	***		=	X42	_		OR	X84=	
L	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	ENDEN	T CLAIM		+140				+280=	
								TAL		OR	TOTAL	
		(Column 1)		(Colu	mn 2)	(Column 3)	addit f	EE		OR	ADDIT FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
AME	Independent	*	Minus	***		=	X42	=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDEN	T CLAIM		1.10	\Box			200	
							+140	TAL		OR	+280= TOTAL	
							ADDIT F			OR	ADDIT FEE	
_		(Column 1) CLAIMS	10 2 2 70 3 1		imn 2) HEST	(Column 3)			100	l		T
AMENDMENT C		REMAINING AFTER AMENDMENT		PREV	BER IOUSLY FOR	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
AME	Independent	*	Minus	***			X42	=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	IT CLAIN		.140			1	1200-	
	If the entry in colu						+14C	= TAL		OR	+280= TOTAL	
** If the Highest Number Previously Paid For IN THIS SPACE is less than 20 lenter 20." ADDIT FEE ADDIT FEE ADDIT FEE ADDIT FEE											I .	
The Highest Number Previously Paid For Total or Independent) in the highest number found in the appropriate box in column 1.												
FORM PTO-875 IR. 3 SOFT BY STATE OF THE STAT												FICEMMERCE